



Supervisor Quarterly Quality Audit

CM Supervisor Name: _____

Date Completed: _____

Reviewer Name: _____

Supervisor Annual Goals: *(Enter CM Annual goals here and review at least quarterly. Progress on goals needs noted at least quarterly.)*

Supervisor Progress on Annual Goals: *(This can be completed during face-to-face with CM. Progress must also include date discussion held with CM.)*

Additional Management Duties:

Client #1 HIPAA Name: _____

Case Note Quality (Use of SMART, minimum of 1 case note per month, entered within 7 days of activity). *Is the case note of good quality and is there follow along until completion?*

____ YES ____ NO

Document Library current (All required documents uploaded in consumer file within 30 days of CM receipt, ex: BSP, Risk Plans, and PCISP agreement, HIPAA forms):

____ YES ____ NO

If NO, what is missing:

Unannounced Visit (if applicable, at minimum 1 per year):

____ YES ____ NO ____ NA

Monitoring Checklist (case note, meeting signature form, checklist completed, PCISP updates as needed). Checklists are to be completed and entered from the 15th of month in which the Service Plan quarter ends through the 15th of the month following the end of the Service Plan quarter. *Actual review of most recent Monitoring Checklist to ensure congruency across all consumer documents (current BSP, CCB, Risk Plans and PCISP are up to date and reflect the most accurate information on behalf of the individual served.)*

____ YES ____ NO

PCISP Review: Current PCISP must be person-centered to support the individual and to provide a clear picture of their vision for their future and current circumstances using first person language.

Demographics, Dates, and Service Providers are current and reflective of the CCB. Utilizes "Important to/Important for" language used to describe needs in a strengths-based way. Outcomes use "I want, I need, I will" language and contain a variety of integrated supports. Risks are assessed and addressed



with risk plans attached. Reviewed at least semi-annually and updated at least annually for the same 365 day cycle as the CCB.

☐ YES ☐ NO

Congruency: *All the documents PCISPs, BSPs, Risk Plans, CCBs, etc. need to be reviewed and compared to one another to make sure that supervision levels, restrictions, risk mitigation, and any special instructions are congruent/addressed in all documents.*

☐ YES ☐ NO

SUPERVISOR RESPONSIBILITIES

CM Quality Audits: Monthly Audits uploaded for each month and for each CM. Feedback provided to CM via one-on-one conversation, trends identified and CM progress on goals documented.

☐ YES ☐ NO

Initial 90 Day and Annual Evaluations: Submitted timely, quality feedback provided and uploaded to HR files.

☐ YES ☐ NO

Oversight Provided: Audits completed ongoing to ensure timeliness of CM required tasks. This includes Portal caseload audit (LOCSI, Monitoring Checklists, Unannounced, PCISPs, Service Plans), BDDS IRs, BDDS Transition Plans and Case Notes.

☐ YES ☐ NO

Clients w/o services: This includes clients we cannot reach, clients who have lost Medicaid, Clients in facility (DEW actions/communication). Confirming Supervisor aware and providing necessary support to CM.

☐ YES ☐ NO



ACTION ITEMS/FOLLOW UP REQUIRED:

Plan To Address:

Previous QA Closed: ☐ YES ☐ NO

CM Supervisor Signature _____ Date: _____

Reviewer Signature _____